



GRC to Host Secretariat for BC Network for Aging Research

by Gloria Gutman

The GRC is very pleased to announce that it will be the home base (Secretariat) for the new BC Network for Aging Research (BCNAR). As noted in the article on page 4, for many years there have been researchers in BC working in the field of aging. While some of us know one another, and successful cross-university and university-community consortia have been formed around specific research themes and funding opportunities (e.g. the BC branch of the Canadian Study of Health and Aging; the BC Consortium for Health Promotion Research) up to now there has been no formal mechanism to regularly bring experienced and new researchers from BC's university and college campuses together for dialogue, cross-fertilization and stimulation, and to foster capacity building in the areas of individual and population aging research. The BCNAR will provide an

excellent vehicle for such activity.

Funding Source

The BCNAR is one of eight research networks funded by the Michael Smith Foundation for Health Research (MSFHR). The other seven are concerned with: Aboriginal Person's Health, Child and Youth Health, Disabilities Health, Environmental and Occupational Health, Mental Health and Addictions, Rural and Remote Health, and Women's Health. The budget for the BCNAR is \$1.7 million over four years; \$300,000 was received in January, 2005 for the first 15 months of operation.

Leadership

The BCNAR is committed to the MSFHR's Network Infrastructure Program goals of fostering research communication and collaboration "...across disciplines, research streams,

institutions, organizations and regions."¹ This is reflected in the leadership model that has been chosen. It includes an Executive Committee comprised of the original five co-leaders who developed the proposal: B. Lynn Beattie, physician, Director, Alzheimer's Clinic, UBC; Gloria Gutman, social/environmental psychologist, Director, Gerontology Research Centre, SFU; Dawn Hemingway, Assistant Professor, Social Work Program, UNBC; David Hultsch, life span developmental psychologist, Director, Centre on Aging, U Vic and Andrew Wister, social demographer, Chair, Gerontology Department, SFU. As aging-related research develops at UBC-Okanagan campus, an additional individual will be appointed, thus providing representation from all five of the province's regional health authorities.



BCNAR co-leaders
April 2005:

Back Row (l-r):

Dawn Hemingway, UNBC;

David Hultsch, UVIC.

Front Row (l-r):

Gloria Gutman, SFU;

Andrew Wister, SFU;

B. Lynn Beattie, UBC

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Director: Dr. Gloria Gutman

Associate Director: Dr. Andrew Wister

Research Focus

The Gerontology Research Centre conducts research on individual and population aging, and provides consultation on research design and program development and evaluation. Research activities are most intense in five areas:

- Aging and the built environment
- Health and aging
- Prevention of victimization and exploitation of the elderly
- Older adult education
- Changing demography and lifestyles

The Centre was established with the help of grants from Imperial Oil, the Real Estate Foundation of B.C., Shoppers Drug Mart and the Social Sciences and Humanities Research Council of Canada.

Education

The SFU Gerontology Department offers a minor, a Post Baccalaureate Diploma and a Masters Degree in Gerontology.

Information Services

The Gerontology Information Centre, managed by a professional librarian, offers a specialized collection and assistance with information search and retrieval.

Publications

The Centre publishes books, reports, and two newsletters: *GRC News* and *Seniors' Housing Update*.

Conferences and Lectures

The Centre organizes a biennial housing conference, the Ellen M. Gee Memorial Lecture in October, the John K. Friesen Conference each Spring as well as a Fall and Spring public lecture series.

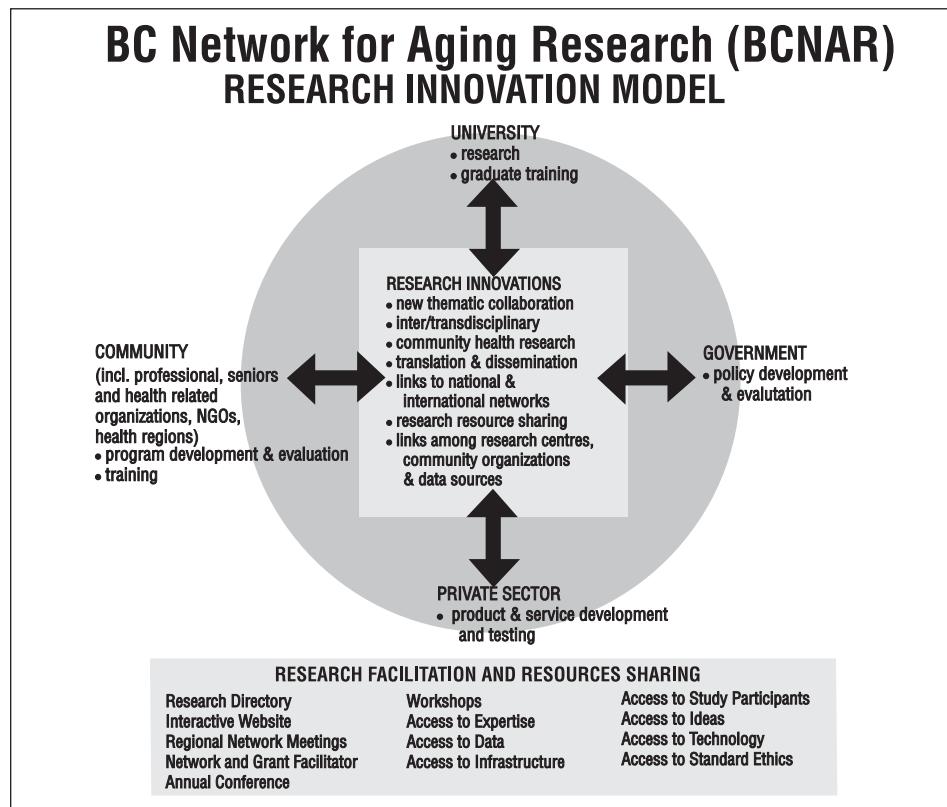
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 (Information Officer)

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Partnerships

As shown in the model below, the range of potential research partners is wide – including government, the private sector and community (the latter including professional health and social care organizations, seniors' organizations, family caregiver's organizations, advocacy and special interest NGOs, and regional health authorities). The types of activities the BCNAR might facilitate include: policy and program development and evaluation, training, and R & D of products and services for an aging population. The topics and issues that the partners might explore is limitless—attention is currently being directed towards paring down the list and identifying those that BC researchers are especially well positioned to address.



Membership in BCNAR

Membership in the BCNAR is open to research producers and consumers throughout the province. There is no cost to join—just e-mail your name and contact information to Lorraine Krakow, Secretariat Assistant at: bcnar@sfu.ca

¹ Further information about the goals and objectives and progress of the Foundation's Network Infrastructure Program may be found at: <http://www.msfrh.org/sub-funding-network.htm>

The newly designated Gerontology Department (see *GRC News* v.23, no.2, 2004) has a new website of its own:

<http://www.sfu.ca/gerontology/>

The SFU Gerontology Research Centre website has a new URL:

www.sfu.ca/grc

The SFU Gerontology Research Centre was a co-sponsor of the conference "Transforming Dementia Care in BC: Addressing Gaps and Improving Care. Lets get Creative!"

by Rita Cormier, MA Candidate, SFU Gerontology Dept. & Gloria Gutman, Director, SFU Gerontology Research Centre

On April 4, 2005, the Alzheimer Society of BC in partnership with the Ministry of Health Services, the provincial and regional health authorities, BC Medical Association, and the SFU Gerontology Research Centre, co-sponsored an invitational conference on dementia—the first in the province.

The group included health care practitioners, administrators, and decision makers nominated by the regional health authorities, researchers, NGOs, and others. Objectives were to: highlight current practices and innovations in dementia care and education around the province; to introduce and gather feedback on draft guidelines for dementia care that have been developed based on the chronic disease management approach; and to identify gaps in care and services.

To set the stage for discussion, Dr. Howard Platt, Director of the Medical Care Outcomes Improvement Branch for the BC Medical Services Plan, presented facts and figures on the prevalence and incidence of dementia in BC. Dr. Lynn Beattie, Director of the Alzheimer Clinic at UBC, presented data from the BC portion of the Canadian Study of Health and Aging that highlighted findings related to persons with mild cognitive impairment and interventions directed to this important group.

Our understanding of how dementia affects individuals was particularly enhanced by a trio of personal stories: one from the daughter and primary caregiver of a woman with Alzheimer's disease; one from a woman who has early-stage frontal lobe dementia who founded the Dementia and Advocacy Support Network International; and the third from a front-line home support worker. Conference participants were encouraged to share their experiences and concerns during several "dialogue sessions."

The conference concluded with some specific action strategies presented by: Rosemary Rawnsley, Executive Director, Alzheimer Society of BC; Dr. Duncan Robertson, Chair, BC Medical Association's Geriatric and Palliative Care Committee; Dr. Chris Rauscher, physician-consultant in Geriatric Medicine for the Vancouver Coastal Health Authority; Dr. Martha Donnelly, Director, Division of Community Geriatrics, Department of Family Practice, UBC and Chair of the Conference Planning Committee, and SFU Gerontology Research Centre Director Dr. Gloria Gutman.

[Editor's Note: See "Recommendations" page 4]

Conference proceedings and a dementia services inventory and dementia education inventory will be posted on the Government Relations section of the Alzheimer Society of BC website at: www.alzheimerbc.org

New Publication

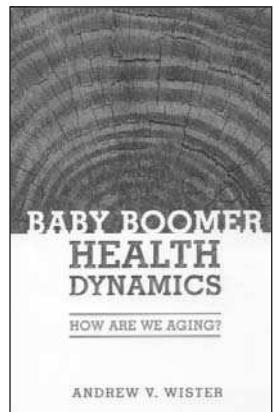


Baby Boomer Health Dynamics: How Are We Aging?

Baby Boomer Health Dynamics (University of Toronto Press; paperback—\$29.95; cloth—\$65.00) addresses three major questions: 1) Are the 'boomers' in Canada more or less healthy than previous generations? 2) What are the individual and structural reasons for these patterns? And 3) what are the long-term implications for population aging and the national health care system? This book responds to the growing interest in the generation that makes up over one-third of the Canadian population—the largest segment of society—with the leading edge reaching their sixty-fifth birthday in 2011 and eighty-fifth by 2031.

This study of health and aging is grounded in the Social Change Model (Riley, 1993), which considers the health of a population to be fundamentally shaped by unique health and illness trajectories connected to cohort size, composition, earlier life experiences, and exposure to differing historical events. It is complimented by a unique cohort analysis of data from six national Canadian health surveys, conducted between the late 1970s and 2001, that is used to profile the health of 'boomers' in a comparative and historical context.

Focusing on four health behaviours that have proven to be major risk factors for chronic disease: smoking, sedentary lifestyle, obesity and heavy drinking—the author researches the long-term implications of several lifestyle-health conundrums, most notably the paradoxical relationship in the concurrent trends over the last two decades of increased exercise levels and a significant rise in obesity. This invariably leads to questions about eating habits of North Americans and, in particular, the quantity and quality of fast-food and convenience-food consumption. Recent public declarations by a number of health organizations and institutes calling obesity the "new tobacco" make this book timely and topical. *Baby Boomer Health Dynamics* is written by Dr. Andrew Wister, Chair of the Gerontology Department at Simon Fraser University.





Facilitating Alzheimer Research in BC: A Call to Action

A presentation made at the conference "Transforming Dementia Care in BC: Addressing Gaps and Improving Care. Lets Get Creative" by Dr. Gloria Gutman, Wosk Centre for Dialogue, Vancouver, BC, April 4, 2005.

Problem 1

Dating back to the 1950s, cutting-edge dementia-related research has been conducted by BC investigators. Examples include Pat and Edith McGeer and the original group that were involved in the BC branch of the Canadian Study of Health and Aging—Lynn Beattie, Lou Costa, Clyde Hertzman and myself—and, more recently, many others at SFU, UBC, the University of Victoria, the University of Northern BC and other educational institutions and community-based agencies and organizations.¹ However, work going on in the province may be better known nationally and internationally than within the province. As a result, opportunities for cross-fertilization and innovation may be missed.

Solution Experience suggests that while electronic communication is useful, it cannot substitute for the stimulation and intensity of face-to-face discussion.

Action Steps The new BC Network for Aging Research (BCNAR) is in a good position to bring researchers from across the province, and from different disciplines, together for cross-disciplinary information sharing and idea exchange. It has plans for an annual conference of BC researchers.

Action Statement We call on the BCNAR to give priority in its first year to fostering dialogue between BC dementia researchers by, among other things, organizing a BC Dementia Research Conference. The conference will bring together researchers from across the province, be interdisciplinary and highlight the range and diversity of BC dementia research. If successful, BCNAR should consider making it an annual event.

Problem 2

Service providers, persons with dementia and their caregivers and advocates, and researchers tend to meet separately to discuss problems related to gaps or inadequacies in health and social services related to dementia. As a result, researchers

may "miss the mark" in addressing systems and services-related questions—or be ignorant of or ignore topics on which they could shed light.

Solution The three groups need to routinely come together for dialogue and information sharing.

Action Steps The Alzheimer Society and The Caregivers Association of BC are well positioned to establish a province-wide panel comprised of volunteers with Alzheimer's and other dementias and of informal caregivers, that can serve as a ready source of questions that consumers want answers to as well as a sounding board for investigator-generated research ideas and plans. The BCNAR through its Regional Coordinators can assist in convening annual or semi-annual meetings between panel members, researchers and regional health authorities.

Action Statement We call on the Alzheimer Society and the Caregivers Association of BC to consider establishing a province-wide consumer/informal caregiver panel that would inform researchers about health and social care system and service issues of concern to persons with dementia and their caregivers and serve as a sounding board re: health/social services research, design, data interpretation, etc.

Together with the BCNAR Regional Coordinators, these groups could organize annual or semi-annual meetings between panel members, researchers and regional health authorities.

Problem 3

The major focus of capacity building and research funding has been in the areas of basic bio-medical research and drug trials. Health and social systems and services research and social science based research related to Alzheimer's and other dementias have been under-valued and under-developed. Both have the potential to yield findings that can improve the quality of life of persons with dementia and their care providers.²

Solution More emphasis needs to be placed on what these other types of research can do and on the training of health systems and services and social science based researchers to undertake dementia-related research.

Action Steps The Alzheimer Society could play an important role in drawing attention to the potential value of these other types of research.

Action Statement We call on the Alzheimer Society to foster and facilitate capacity-building as well as the conduct of dementia-relevant health and social care systems and services research and social science based research.

Problem 4

Researchers are often left out of the loop when they could provide evidence upon which to base sound dementia-relevant policies and programs. Part of the difficulty lies in finding appropriate ways and opportunities for researchers and policy makers to communicate with one another.

Solution Researchers and policy makers need to come together for dialogue and information sharing.

Action Steps The Alzheimer Society is in a good position to bring the two groups together and to assist with the translation and transmission of research needs and research findings.

Action Statement We call on the Alzheimer Society to partner with researchers in all disciplines in developing effective ways of communicating with and assisting policy makers and regional health authorities.

¹ For information on projects conducted by BC researchers between 1950-1983 see: Bojanowski, B.C., Trevor-Smith, S., Holiday, S., & Gutman, G.M. (1984). *Research on aging in British Columbia—An annotated bibliography 1950-1983*. Vancouver: The Gerontology Research Centre, SFU. An on-line searchable database of BC research on aging from 1984 to the present time is currently under development by the BCNAR.

² For examples of non-biomedical dementia research conducted in BC and elsewhere dating back to the 1960s see: Hayhurst, K., Gutman, G.M., & Cooper, M. (1988). *Non-biomedical aspects of Alzheimer's disease and related disorders: A comprehensive bibliography, 1960-1988*. Vancouver: The Gerontology Research Centre, SFU.

Recently Completed Theses



Danziger, Sara (2004). *Adaptable design in five housing projects in North Vancouver: Client use and satisfaction.* M.A. Project, Gerontology Program (Supervisor: H. Chaudhury).

In 1997, the City of North Vancouver, British Columbia developed 'Adaptable Design Guidelines', to be implemented in all multi-residential environments in order to create liveable residences for tenants with varying capabilities. Over 400 Adaptable Design units are currently occupied and approximately 1000 units are in development. However, until this study, no evaluation had ever been performed to determine if the design was effective and being utilized by the tenants. Through employment by the City of North Vancouver, an evaluation was conducted that located tenants in adaptable units, identified disparities between the guidelines and resident preferences, and indicated if functional independence was being supported due to the design features (by way of ADLs (activities of daily living) and IADLs (instrumental activities of daily living)).

A survey questionnaire was distributed to 307 residents residing in units with Adaptable Design features. Out of 53 returned questionnaires, a purposeful sample of 26 older adults participated in face-to-face interviews. Descriptive questionnaire data was used to supplement the qualitative data. Information was elicited on participant characteristics, why they moved to their adaptable unit, use of adaptable features, changes made in the housing unit by the residents, future changes they plan to make, their current level of functional ability, and their perception of the housing units' contribution to their current level of independence.

Both the interview and survey questionnaire found that participants were satisfied with the design of their units. Minor problems were noted with regard to the storage areas, kitchens, and bathrooms. It was also found that the decision to move into a unit was primarily guided by the location of the buildings as opposed to the presence of adaptable features. Interestingly, many participants were aware of the term Adaptable Design, yet, they had somehow been mislead about its uses and were unaware of the potential role these features have to support their future independence. Most participants defined themselves as high functioning and felt that they did not yet need adaptable features; however, many did require assistance with household tasks such as cooking and cleaning. Unfortunately, these support services are slowly being eliminated by the provincial government in British Columbia. Results of this research provide suggestions for future policy revisions pertaining to Adaptable Design Guidelines in North Vancouver and demonstrate what needs to be done in the physical environment in order to help maintain functional independence in older adults.

*This thesis is available online in PDF format at:
http://www.harbour.sfu.ca/gero/theses_pdfs/Sara_Danziger.pdf*



Araki, Yuriko (2004). *Assisted living settings in British Columbia: Policy goals and gaps.* M.A. Thesis, Gerontology Program, (Supervisor: G. Gutman).

In November 2002, the Community Care and Assisted Living Act (the Act) was passed by the British Columbia legislature. The Act along with the Independent Living BC program was heralded as "a new era" in the housing-care continuum in BC. It was designed to: (1) include the "assisted living (AL) model" as part of the continuum of care; (2) increase access to housing and services for those who have care needs and difficulty with the tasks of daily living, but who do not require 24 hour nursing care in licensed care facilities by reducing regulations for offering personal care services; (3) promote a "social model" of care by increasing "choice"; (4) increase the possibility of "aging in place"; and (5) reduce the demand for publicly funded community care facility placement. The major policy assumption underlying the Act is that given the strong preference of seniors for "independence" and remaining in the community and potential cost-savings of providing care in a "non-professional environment," AL would become an important part of the continuum of care and reduce the demand for publicly funded community care facilities. This requires a match between the needs of clients who otherwise would go into care facilities and the services offered. If clients' care needs are not met, AL may be just a short stop before placement in a licensed community care facility. The major purpose of this study is to determine if such a match exists in BC. With these ideas in mind, this thesis examines the extent to which current assisted living settings, services, and clients in British Columbia are consistent with the policy goals of the Act.

In this thesis, AL refers to shelter and care options that have the capacity to serve seniors who require at least some personal care services or support, such as assistance with activities of daily living (ADL) and medication (e.g. reminders, monitoring, management, administration) on a sustained basis. The definition used for data collection purposes was "a housing alternative providing choices in accommodation, personal care and hospitality services in a dignified community setting (independent living plus personal care)." The study

continued on page 7

Recent Centre Activities



AWARDS & HONOURS

Congratulations to:

Sandra Cusack (Guttman-Gee Research Fellow and Adjunct Professor in Educational Gerontology) and co-author Wendy Thompson (educational gerontologist) of "Mental Fitness for Life: 7 Steps to Healthy Aging" who were awarded the 2005 MindAlert Award by the American Society on Aging and the National Council on Aging.

Barbara Mitchell (Associate Professor, Departments of Sociology and Gerontology) who has won the 2004 President's Award for Service to the University in Media and Public Relations. This award is granted annually to a faculty member for outstanding service to the university by sharing his or her expertise with the larger community through the media and other public relations activities.

GRANTS & CONTRACTS*

Beattie, B.L., **Gutman, G.**, Hemingway, D., & Hultsch, D. MSHRF Aging Health Research Network Feasibility Consultation. MSHRF, July-October 2004 (\$14,600).
Beattie, B.L., **Gutman, G.**, Hemingway, D., Hultsch, D., & **Wister, A.V.** BC Network for Aging Research Infrastructure Grant. MSHRF, January 2005-March 2006 (\$300,000).
Chaudhury, H., & **Mahmood, A.** Reducing Nursing Errors and Increasing Efficiency through Environmental Design in Acute Care Settings. Coalition for Health Environments Research, April 2005-March 2006 (US\$30,000).

Gutman, G., Literature Review—Key Determinants of Elder Friendly Hospital Environments. Fraser Health Authority, December 2004-January, 2005 (\$6500).
Gutman, G. Towards More Elder Friendly Acute Hospital Environments. Fraser Health Authority, April 2005-March 2006 (\$90,000).

Gutman, G., Hultsch, D., Beattie, B.L., Hemingway, D., & Donnelly, M. MSHRF Health Research Network Proposal Development Award. MSHRF, April-October 2004 (\$10,000).

Gutman, G., & **O'Rourke, N.** New Vista Eden Project. New Vista Society, August 2004-December 2005 (\$40,000).

O'Rourke, N., New Investigator Award. CIHR, 2005-2010 (\$250,000).

O'Rourke, N., Hadjistavropoulos, T., & Cappeliez, P. Cognitive Adaptation and the Mental and Physical Well-Being of Older Adults. CIHR, October 2004-September 2007 (\$124,581).

O'Rourke, N., Hadjistavropoulos, T., Cappeliez, P., Lupien, S., & Delongis, A. The Behavioural and Physiological Effects of Selective Information Processing by Older Adults. SSHRC, April 2005-March 2008 (\$67,142).

(*CIHR = Canadian Institutes of Health Research; MSHRF = Michael Smith Health Research Foundation; SSHRC = Social Sciences and Humanities Research Council of Canada)

PUBLICATIONS

Benyamin, S., **Chaudhury, H.**, & Tofle, R.B. (2004). Effect of design interventions on a dementia care setting. *American Journal of Alzheimer's Disease and Other Dementias*, 19(3), 34-43.

Chaudhury, H. (2004). [Review of the book *Critical advances in reminiscence work: From theory to application*]. *Canadian Journal on Aging*, 23(2), 193-194.

Lehman, A., **O'Rourke, N.**, Hatcher, L., & Stepanski, E. J. (2005). *JMP for basic univariate and multivariate statistics: A step-by-step guide*. Cary, NC: SAS Institute.

O'Rourke, N. (2004). Psychological resilience and the well-being of widowed women. *Ageing International*, 29, 267-280.

O'Rourke, N. (2004). Reliability generalization of responses by care providers to the Center for Epidemiologic Studies-Depression (CES-D) Scale. *Educational and Psychological Measurement*, 64, 973-990.

O'Rourke, N., & Cappeliez, P. (2005). Marital satisfaction and self-deception: Reconstruction of relationship histories by older adults. *Social Behavior and Personality*, 33, 273-282.

Wister, A.V. (2005). *Baby boomer health dynamics: How are we aging?* Toronto, ON: University of Toronto Press.

PRESENTATIONS*

O'Rourke, N. (2005, March). The nature and prevalence of depressive symptomatology among Parkinson's disease patients in Canada.

Poster session presented at the 7th International Congress on Alzheimer Disease/Parkinson Disease, Sorrento, Italy.

Koehn, S. (CHSRF/CIHR* Postdoctoral Fellow, Simon Fraser University, Gerontology Research Centre) on April 4th, conducted a workshop at Mount Pleasant Neighbourhood House, Vancouver entitled "Barriers to Access to Care for Ethnic Minority Seniors."

(*CIHR = Canadian Institutes of Health Research; CHSRF = Canadian Health Services Research Foundation)

SCHOLARSHIPS & AWARDS

Congratulations to:

Sienna Boothman; recipient of a \$17,000 SSHRC Masters Student Fellowship.

Heather Cooke; recipient of a \$2,000 CAG Legacy Fund award for travel to the IAG World Congress in Brazil.

Erin Graham; recipient of a \$5000 British Columbia Medical Services Foundation Summer Research Scholarship.

Ann Sarte; recipient of a \$17,000 SSHRC Masters Student Fellowship.

excluded living settings where residents personally arrange home care services or receive home care through Continuing Care because such settings do not have the capacity to serve seniors with personal care needs. The study also ruled out settings that provide only "hospitality services" such as housekeeping, meals, laundry, social and recreational programs and a 24-hour emergency response system.

The data are based on findings from a survey of 31 for-profit and non-profit settings, combined with interviews conducted with a subset of eight administrators. Chapter 1 describes the method. Chapter 2 summarizes the major findings from the survey. Chapter 3 reports findings from the interviews. Chapter 4 discusses its policy implications of the findings.

This thesis is available online in PDF format at:

http://www.harbour.sfu.ca/gero/theses_pdfs/Yuriko_Araki.pdf

15th Annual John K. Friesen Conference

Quality of Life at the End of Life: Decisions and Choices.

JUNE 6- 7, 2005

SEGAL CENTRE, SFU VANCOUVER CAMPUS, 515 W. HASTINGS STREET

Keynote speakers: *Paul A. Spiers*, PhD, Forensic Neuropsychologist; Assistant Professor, Psychiatry, Boston University School of Medicine; Visiting Scientist, Clinical Research, Massachusetts Institute of Technology; Co-Chair, Legislative and Legal Advocacy Committee, Compassion & Choices, and Past-President, Board of Directors, End-of-Life Choices (formerly Hemlock Society). Topic: "The Right to a Compassionate Choice at Life's End".

David Kuhl, MD, PhD, Associate Professor, Department of Family Practice, Faculty of Medicine, University of British Columbia. Topic: "What Dying People Want"

The Honourable Senator Sharon Carstairs, Senator for Manitoba and former Leader of the Government in the Senate and Minister with Special Responsibility for Palliative Care. Topic: "Canadian Strategy on Palliative and End of Life Care: Where are we Heading?"

Registration fee: \$95; Students and Seniors: \$45

To register on-line go to:

<https://webform.sfu.ca/form/gero.friesen.conf.2005>

Visit the SFU Gerontology Research Centre website (www.sfu.ca/grc) for program details.

Graduate and Undergraduate Courses in Gerontology

Codes: C= Distance Education Courses; DOW = Harbour Centre; SFU = Burnaby Campus, 800 = graduate course.

COURSE NAME AND NUMBER	TITLE	LOCATION	INSTRUCTOR
Summer 2005			
GERO 300-3	Introduction to Gerontology	C	H. Chaudhury
GERO 301-3	Research Methods in Gerontology	C	N. O'Rourke
GERO 404-3	Health and Illness in Later Life	C	E. Gallagher
GERO/SA 420-4	Sociology of Aging	C	A. Wister
KIN 461-3	Physiological Aspects of Aging	C	Sessional
Fall 2005			
GERO 300-3	Introduction to Gerontology	DOW	Sessional Instructor
GERO 302-3	Health Promotion and Aging	DOW	N. O'Rourke
GERO 406-3	Death and Dying	DOW	B. Worsfold
GERO 407-3	Nutrition and Aging	C	S. Crawford
GERO 409-3	Mental Health and Aging	DOW	N. O'Rourke
GERO 410-3	Special Topic—TBA	DOW	Sessional Instructor
GERO/SA 420-4	Sociology of Aging	C	A. Wister
GERO 801-4	Health Policy and Applied Issues in Gero	DOW	G. Gutman
GERO 802-4	Dev. and Eval. of Health Promotion Programs	DOW	A. Wister
GERO 810-4	Community Based Housing	DOW	H. Chaudhury
KIN 461-3	Physiological Aspects of Aging	C	Sessional Instructor
EDUC 351-3	Teaching the Older Adult	C	S. Cusack

Fourth Annual Spring Awards Ceremony



Photo 1: Heather Goldberg, (MA Candidate, Gerontology Dept., SFU) and Legion Command President J.G. Alcorn

Photo 2: Elizabeth Kelson, (MA Candidate, Gerontology Dept., SFU) and Will Holland (OAPO)

Photo 3: Philip Middleton, (MA Candidate, Gerontology Dept., SFU) and Will Holland (OAPO)

THE CEREMONY, held on February 1, 2005 at Simon Fraser University, Harbour Centre, featured the presentation of the Royal Canadian Legion Geriatric Nursing Bursary of \$2000 to MA candidate **Heather Goldberg** by J.G. "Bud" Alcorn, President—British Columbia/Yukon Command. This bursary represents only a part of the Legions ongoing support to meet the growing need for professional training in gerontology. In addition, the Legion provides fellowships to doctors, nurses, physiotherapists and occupational therapists who wish to pursue post graduate study in the field.

Although well known as Canada's preeminent non-profit veterans' support organization, relatively few Canadians realize the Legion is also active in many other areas or that its programs benefit people throughout society. At one end of the age spectrum is the Legion's seniors' programs. The Royal Canadian Legion's commitment to seniors dates back more than 50 years to when branches first got involved in building low rent apartment units for elderly veterans, widows and their dependents. Today, most branches conduct seniors' programs or provide services focused on health care, home support and housing. At the national level, the Legion engages in advocacy for seniors' rights and their well being. As well, support is given to the work of other organizations such as Alzheimer's Canada. The Legion spends approximately \$2 million and contributes 447,000 volunteer hours annually to help thousands of seniors across the nation. More information on Legion programs and services to seniors is available on their website: http://www.legion.ca/asp/docs/about/senior_e.asp.

Awards of \$1000 each were also presented to **Elizabeth Kelson**, and **Philip Middleton** by Sylvia Hall and Will Holland from the Old Age Pensioners of BC Scholarship Society (OAPO). Established in 1983, the goal of the Society is to assist worthy students of gerontology in British Columbia, especially those involved in research and practice-oriented work with seniors. Annual funding is mainly from donations by OAPO branches and members.

Recipients of other awards in 2003/2004 were also recognized at the February 1 ceremony. These included:

Sienna Boothman – Graduate Fellowship: \$6000
Melanie Ter Brugge – Isabel Dawson Memorial Award: \$203
Ben Chou – Graduate Fellowship: \$6000
Heather Goldberg – Graduate Fellowship: \$6000
Erin Graham – Graduate Fellowship: \$6000
Wendy Harrison – Graduate Fellowship: \$6000
Salima Karmali – GABC Chuck Bayley Memorial Award: \$1000
Elizabeth Kelson – Graduate Fellowship: \$6000
Teena Love – Graduate Fellowship: \$6000
Glenyth Nasvadi – German Canadian Benevolent Society of BC Aulinger Award in Gerontology: \$611
Eva Louise Neufeld – Fung Chan Yee Shan Memorial Scholarship: \$1221
Pavlina Sachova – GABC Chuck Bayley Memorial Award: \$1000

Congratulations to all!